

A. ROUTINE EMERGENCY CARE	OK	Potential Problem	Recommended Action/Plan for Improvement	Date Corrected
Individuals providing emergency care are identified and trained annually in basic first aid by the registered professional school nurse or other appropriate personnel				
School medical advisors are available for consultation				
CPR/obstructed airway training provided annually to school staff by accredited instructors				
Plan for emergency care is reviewed annually				
Other				

Signature of evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

B. EMERGENCY PREPAREDNESS PLAN	OK	Potential Problem	Recommended Action/Plan for Improvement	Date Corrected
<b>Plan Procedures:</b>				
• Building plans are revised as necessary and distributed to staff annually				
• Emergency shelter areas are designated				
• A coordinator or manager of emergency situations has been identified				
• A trained individual is identified to manage the indoor/outdoor first aid station				
• A trained individual is responsible for emergency medications stored in the school office				
• All employees are prepared to give immediate care during disaster situations				
• Students with special health concerns who may require special assistance are accommodated				
• Plans are in place to meet communication needs of students or employees with vision impairments or hearing loss				
• Disaster procedures are written and distributed to staff for fire, severe weather, and earthquakes				
• Monthly or bimonthly disaster drills are planned and conducted				
• A building evacuation plan has been identified				
<b>Methods of Communication:</b>				
• Staff members are able to communicate (i.e., walkie-talkies)				
• Emergency medical system is available (EMS-911)				
• Student release procedures are identified				
• Emergency contact cards for students are filed in the main office				
<b>Readily Accessible Emergency Supplies and Equipment:</b>				
• Emergency broadcast monitor				
• Cellular phone				
• First aid kits				
• Blankets				
• Flashlights				
• Water				
• Food				
• Wrenches to turn off gas valves				
• Radio (with new batteries)				
Other				

Signature of evaluator: \_\_\_\_\_ Date: \_\_\_\_\_